

ARIZONA FORM**285C**

Effective February 29, 2000

Disclosure Certification Form

ARIZONA DEPARTMENT OF REVENUE

This form should be used to certify to the Department that the person named below ("Signator") is authorized, pursuant to A.R.S. §42-2003(A), to receive and discuss confidential information of the taxpayer(s) named below.

1. TAXPAYER INFORMATION - Please print or type.*Enter only those that apply:*

Taxpayer name(s)	Federal Employer Identification Number
Present address - number and street, rural route, apartment/suite no.	Arizona Withholding Number
City, town or post office State Zip Code	Arizona Transaction Privilege Tax License Number
Daytime telephone number (with area code)	

2. SIGNATOR INFORMATION

Name	Social Security or ID Number (please specify type)
Business Address (if different from Taxpayer's address above)	Daytime telephone number (with area code)
City, town or post office State Zip Code	

3. TAX YEARS/PERIODS. Please specify the tax years/periods during which the Signator is authorized, pursuant to A.R.S. §42-2003(A), to receive and discuss confidential information:**4. SIGNATURE.** I hereby certify to the Arizona Department of Revenue that I am authorized to receive and discuss any and all confidential information concerning the above-mentioned corporation(s), limited liability company(ies), trust(s), partnership(s), and/or individual(s) pursuant to A.R.S. §42-2003(A). I understand that to knowingly prepare or present a document which is fraudulent or false is a class 5 felony pursuant to A.R.S. §42-1127(B)(2).

► _____
SIGNATURE DATE

TYPE OR PRINT NAME

TITLE